

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

41762

1. PLACE OF DEATH

County MonroeTownship ConcordCity HighlandRegistration District No. 653Primary Registration District No. 5865

File No. _____

Registered No. 163

St. _____ Ward)

2. FULL NAME

(a) Residence, No. Highway St., _____ Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(or) WIFE OF6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 12 - 18747. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 57 14 188. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leavenworth13. NAME Dont know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME Dont know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Sammy Davis

18. BURIAL, CREMATION, OR REMOVAL

PLACE Ingham DATE 12-21-193119. UNDERTAKER (ADDRESS) Friends20. FILED 12-31-1931 John H. Hunsicker Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30, 193122. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1931, to 28, 1931.I last saw him alive on Dec 28, 1931. Death is saidto have occurred on the date stated above, at 2:20 p.m.

The principal cause of death and related causes of importance were as follows:

Alcoholic Poisoning Date of onset 12-2775B75

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Histology Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) William H. Hunsicker, M. D.(Address) Highland

Oct